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Web Announcement 414

## **Providers Must Repay Medicaid Overpayments within 60 Days of Identification**

The Patient Protection and Affordable Care Act (PPACA), which was signed into law in 2010, imposes new federal requirements on Medicaid providers to have proficient and time-sensitive processes for identifying errors and overpayments received under the Medicaid program, and disclosing and repaying the Medicaid program for amounts that providers received in error.

Under changes set forth in the PPACA, providers are obligated to report, explain and repay overpayments within sixty (60) calendar days of identification. Those providers who fail to disclose, explain and repay the overpayment in a timely manner may be subject to administrative action taken by the Division of Health Care Financing and Policy (DHCFP), up to and including termination of the provider contract.

The DHCFP recognizes that many improper payments are discovered during the course of a provider's internal review process. While providers who identify that they have received inappropriate payments from the Medicaid program are obligated to return the overpayments, it is essential to develop and maintain a fair, reasonable process that will be mutually beneficial for both Nevada and the provider involved.

In order to encourage self-disclosure, the DHCFP is willing to set up payment arrangements and work with individual providers. This joint effort will assist the State in combating fraud, waste, abuse or inappropriate payment of funds, whether intentional or unintentional, under the State's Medicaid program.

Providers should use the following link to report overpayments: <https://dhcfnv.gov/ContactSURS.asp>. The DHCFP's Surveillance and Utilization Review Section (SURS) unit will contact the provider upon receipt of the information.